PTO/SB/08A (08-03)

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Substitute for form 1449/PTO	Complete if Known		
	Application Number		
INFORMATION DISCLOSURE	Filing Date		
	First Named Inventor	YOSHIFUMI NISHIDA	
STATEMENT BY APPLICANT	Art Unit		
(Use as many sheets as necessary)	Examiner Name		
Sheet 1 of 1	Attorney Docket Number	SON5180.41A1	

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Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (if known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	Π
		Country Code ³ Number ⁴ Kind Code ⁵ (if known)	MM-DD-YYYY		Or Relevant Figures Appear	1
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Examiner Signature	Date Considered	•

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Translation is attached.

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